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ABSTRACT

This newsletter provides a periodic update on the activities of the Early Childhood Research Working Group (ECRWG), organized in early 1995 by the U.S. Department of Education and other federal government departments and agencies to promote interagency cooperation and public-private partnerships in early childhood research. This edition contains five short articles: (1) "Education Reform: Let's Begin at the Beginning" (Sharon P. Robinson) which discusses research on the efficacy of school readiness and early intervention programs; (2) "Early Childhood Research Working Group: The Beginnings" (Naomi Karp) which documents the origins and early evolution of the ECRWG; (3) "Universal Newborn Hearing Screening: A Successful Federal Initiative" (Karl White) which explains the significance of auditory research on hearing screening; (4) "ED Grant for Ready-To-Learn Television" (Joe Caliguro) which discusses grants for school readiness programming; and (5) "Project Begin" (Edward Brann) which describes research on an early intervention program for preschool children and their families. A list of the members of the ECRWG is included. (MDM)

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Early Childhood Research Working Group

Early Childhood UPDATE

Fall 1995

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Education Reform: Let's Begin at the Beginning

Sharon P. Robinson
Assistant Secretary
Office of Educational Research
and Improvement

The real job in education comes long before children get to school.

T. Berry Brazelton, Professor of Pediatrics, Harvard University

Among the most exhilarating developments during my tenure as assistant secretary has been the evolution of a new agenda for the education R&D enterprise. We are now, at long last, closing the distance between thought and action, theory and practice, and—most decisively—between researchers and practitioners. We are witnessing increasing acceptance of the tenet that the most valuable research will emerge from a culture of cooperation that unites, in common cause, university-based researchers, K-12 personnel, parents, policymakers, members of the business community, and health care professionals.

This new generation of research is already offering hope to millions of America's children who might otherwise be condemned to the ghetto of hopelessness. It is advancing the school readiness ideal—the ideal that stands first among our national education goals. And it is giving life to the principle that quality education begins with quality prenatal care.

Some of the most compelling research now in progress serves as a warning that we cannot expect our children to succeed academically if access to health care services and preprimary education is determined by family income rather than by children's needs. The prevalence of income-determined educational opportunity for our youngest students, amply documented in our 1995 *Condition of Education* report, mocks the ideal of equality.

Pre-schoolers line up for the camera at the Department of Education's Child Care Center.

One of the most important results to emerge from the 1994 OERI colloquium on coordinated, school-based services was the recognition that comprehensive school change must not be stymied by a narrow vision of the prerequisites for academic success. An expanding research base now tells us that we must reach across self-created divides and focus on the whole child, the whole family, the whole community. This understanding has spawned hundreds of initiatives that give real meaning to the phrase "community-based schooling." From San Jose, California to Gainesville, Florida, local communities are establishing broad-based programs that empower families, provide social services, and promote the healthy development of children from cradle to commencement.

These admirable programs will become even more effective as the Department of Health and Human Services accelerates dissemination of research documenting the characteristics of quality child care. The goal is to make parents informed consumers as well as to enable them to work cooperatively and knowledgeably with state and local licensing agencies.

Additional progress is likely as a result of research focusing on even earlier interventions. Research on low-birthweight and premature babies (much of it funded by the Department's Office of Special Education and Rehabilitative Services) offers new insights into the most appropriate ways of caring for the tiniest, most vulnerable members of our society. The results are impressive: reduced infant mortality, better sensory integration, shorter hospitalizations—and brighter futures.

All of this is reason for hope. All of this promises us a more prosperous tomorrow. And all of this testifies to the power of research to improve academic achievement and enhance the quality of life for America's children. Recent developments confirm what we have long suspected: Research works—especially when we begin at the beginning. ■

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Early Childhood Research Working Group—the Beginnings

Naomi Karp
Acting Director
National Institute on Early Childhood Development and Education

In December of 1994, Sharon P. Robinson, Assistant Secretary for the Office of Educational Research and Improvement (OERI), sent a letter to her counterparts in nine federal departments. The letter was an invitation to other federal agencies to join with OERI and the National Institute on Early Childhood Development and Education (NIECDE) in addressing new challenges in the field of early childhood research, development, and dissemination. Ultimately, 30 federal agencies were invited to become members of an Early Childhood Research Working Group, united by a common purpose: to find new ways to share information, to work together, and to combine limited federal resources in order to improve and enrich the lives of America's young children and their families.

Shared Goals

For the Working Group to be successful, we believe that we have to have the right mix of representatives from the various Federal agencies. Therefore, OERI asked that each Assistant Secretary designate staff members who have the requisite program knowledge and experience in the area of early childhood research and development. In addition, we asked that the designees be close enough to the policy-making level so that policy questions and issues can be addressed as expeditiously as possible.

Partnerships in Research

The Early Childhood Research Working Group met for the first time on February 1, 1995. At that inaugural meeting, Assistant Secretary Sharon Robinson welcomed over 60 people, from 26 agencies, across eight departments. Discussions about the group's future plans led to the formation of an on-going Planning Committee, comprised of 16 members from the Departments of Education, Health and Human Services, Housing and Urban Development, and Defense.

As a result of the dedicated work of the Planning Committee, a second meeting of the full working group was held on June 28, 1995, at the Department of Labor, featuring representatives from five foundations that sponsor early childhood research activities. On the agenda were Deanna Gomby from the David and Lucille Packard Foundation, Lisa Klein from the Ewing Kauffman Foundation, Laurie Garduque of the MacArthur Foundation, Lonnie Sherrod of the W.T. Grant Foundation, and Sheila Smith of the Foundation for Child Development. Also participating were Assistant Secretary Sharon Robinson, Ann Segal of the Office of the Assistant Secretary for Planning and Evaluation at DHHS, and Sharon Lynn Kagan, representing the OERI National Education Research Policy and Priorities Board.

In a spirited exchange of ideas, the group explored the possibilities of an early childhood research partnership between private foundations and federal agencies. Suggestions were given on future collaboration. Challenges were offered: Let us develop new models of research and define new communication strategies. Let us help build strong alliances between researchers and communities. Let us engage together in speculative research and challenge conventions.

Future Activities

The level of enthusiasm and interest among the Working Group's members is high. A third group meeting is scheduled for October 24, 1995, on the subject of state-federal partnerships. A fourth meeting this winter will again include the foundations, but this time the foundation representatives will be asking the questions.

In addition to these large group meetings, the Early Childhood Institute plans to coordinate brown bag lunches and other types of meetings that feature early childhood researchers and/or practitioners who may be visiting in the Washington area. The Institute staff also intends to produce a quarterly interagency newsletter, an annotated bibliography of federal early childhood publications, and a directory of federal early childhood personnel. As the new Fiscal Year begins to unfold, there also may be collaboratively sponsored research priorities.

If you are interested in joining the Early Childhood Research Working Group, in becoming a member of the Planning Committee, or if you have any questions, please call the Early Childhood Institute at 202–219–1935. ■

Calendar

October 13, 1995	Application packages will be available for the National Institute on Early Childhood Development and Education's Field Initiated Studies Competition. Joe Caliguro, DoE, 202–219–1596.
October 24, 1995	Early Childhood Research Working Group Meeting: "What is the Early Childhood Research Agenda in the States?," Washington, D.C. Martha Moorehouse, DHHS, 202–690–6939.
November 1–5	11th Annual International Early Childhood Conference on Children with Special Needs, Orlando, Florida. Council for Exceptional Children, 703–620–3660.
November 16–18	Symposium on newborn hearing screening, Washington, D.C. Bonnie Strickland, DHHS, 301–443–1080.
December 6–8	Early Education Program for Children with Disabilities, Project Directors Meeting, Arlington, VA. Gail Houle, DoE, 202–205–9045.
December 15, 1995	Closing date for applications for the National Institute on Early Childhood's Research and Development Center Competition. Naomi Karp, DoE, 202–219–1935.

Universal Newborn Hearing Screening: A Successful Federal Initiative

Karl White, Ph. D.
Utah State University

Recently the U.S. Department of Health and Human Services issued a plan to improve the health of this country's citizens by the year 2000. Included in that plan was a goal to: **Reduce the average age at which children with significant hearing impairment are identified to no more than 12 months.** The importance of accomplishing this goal was emphasized in the report as follows:

> The future of a child born with a significant hearing impairment depends to a very large degree on early identification (i.e., audiological diagnosis before 12 months of age) followed by immediate and appropriate intervention. If hearing impaired children are not identified early, it is difficult, if not impossible, for many of them to acquire the fundamental language, social, and cognitive skills that provide the foundation for later schooling and success in society. When early identification and intervention occur, hearing impaired children make dramatic progress, are more successful in school, and become more productive members of society. The earlier intervention and habilitation begin, the more dramatic the benefits.

Hearing Loss Identified Too Late

Although it is widely recognized that children with significant hearing impairment need to be identified during the first year of life, the average age at which such children are currently identified in the United States is 2–1/2 to 3 years, with many children not being identified until they enter school at 5 or 6 years of age. Our lack of reliable and economically feasible techniques for newborn hearing screening has been the principal reason for such a late age of identification.

Over the last 50 years, many different techniques have been used to attempt to reduce the average age at which hearing impairment is identified. Unfortunately, all of the previously available techniques have been inadequate: **behavioral screening** techniques work well with children after six months of age, but by that time, many children are inaccessible for screening; **high-risk registers** are feasible to operate, but miss at least half of the children with significant hearing loss; **crib-o-gram** techniques have serious validity problems; and **auditory brainstem response (ABR)**, which is generally recognized as the most valid technique, works well, but is too expensive to implement for all newborns.

Research Breakthrough Heralded

In 1978, David Kemp, a British auditory physicist, made a discovery which has revolutionized our understanding of how the ear functions and provides the foundation for dramatically lowering the age at which congenital hearing loss is identified. Kemp showed that when auditory stimulation is introduced into the external ear canal, a healthy cochlea responds with a tiny signal which travels back through the external ear canal and can be measured by a microphone connected to a computer.

Beginning in 1989, with funding from the Bureau of Maternal and Child Health and the U.S. Department of Education, researchers at Utah State University have evaluated the use of this technique (transient evoked otoacoustic emissions or TEOAE) and have demonstrated that universal newborn hearing screening can be done in a way which is valid, practical, and cost efficient. Indeed, a consortium of states organized by the Utah State University group with funding from the Bureau of Maternal and Child Health is currently operating universal newborn hearing screening programs in over 50 hospitals across the country and the number is rapidly expanding. In fact, the evidence supporting this technique is so convincing that

Infant is screened for hearing loss in revolutionary, painless procedure.

a Consensus Panel at the National Institutes of Health has now recommended that all infants be screened for hearing loss prior to being discharged from the hospital. Similar endorsements have been given by the American Academy of Pediatrics and the Joint Committee on Infant Hearing.

The power and convenience of using transient evoked otoacoustic emissions as a newborn hearing screening tool will solve many of the most persistent problems that have prevented us from identifying children with hearing impairment before their first birthday. With this new tool, the identification of all congenitally hearing impaired infants before twelve months of age is now clearly within reach. ■

ED Grant for Ready-To-Learn Television

Joe Caliguro
National Institute on Early Childhood Development and Education

The Corporation for Public Broadcasting (CPB) has received a $7 million grant from the National Institute on Early Childhood Development and Education to develop a program designed to increase school readiness in young children across America. The Institute is part of the Office of Educational Research and Improvement of the U.S. Department of Education. Ready to Learn (RTL) will help pre-school and early-school children and their families and caregivers—including those for whom English is a second language—move toward the realization of the first national education goal.

School Readiness

The DoF grant will support the creation of new family and children's programming of high quality which will be interspersed with educational message breaks. The programming, available to all children and families through the universal access of public television, will focus on the cognitive and social development of children from diverse social, cultural and geographical backgrounds. This programming will be reinforced by educational materials, written in both English and Spanish, and community outreach workshops for children, parents, and caregivers. In addition, free books will be distributed each month to children and their families at Public Broadcasting's network of television stations around the country.

National Advisory Board

A National Advisory Board, to be jointly selected by the National Institute on Early Childhood Development and Education and the Corporation for Public Broadcasting, will provide guidance on a wide range of issues, including how the Ready to Learn Project goals can be achieved and sustained in both the home and community. The Board will consist of no more than 15 experts offering a range of perspectives, including minority interests, early childhood education, child care, bilingual education, television programming expertise, and community volunteer involvement.

Ready To Learn Grants

Ready to Learn grants will be available for the creation and/or execution of various components of the RTL Project—the production of television programming, the development of educational materials in Spanish and English for children and parents, and the creation of community outreach workshop plans. Requests for Proposals (RFP) for both the programming element of the project and a bi-monthly newsletter have been released and awards are expected to be made later this year. Eligible grant recipients include schools and colleges of education, other educational entities, public broadcasting stations, publishers, and advocacy groups which promote the literacy and education of children and families, including the disabled and those for whom English is a second language. ■

Family Literacy Design Symposium

On September 7–8, distinguished scholars and practitioners from around the country met in Washington to develop a national research and practice agenda which will address the most important questions in the field of family literacy. The symposium was sponsored by the National Institute on Early Childhood Development and Education and the National Institute on Postsecondary Education, Libraries and Lifelong Learning, with support from the Office of Elementary and Secondary Education and the Office of Vocational and Adult Education.

The participants brought to the table a wide range of expertise in issues relating to family and family literacy, including early childhood education, adult education/literacy, health, nutrition, family support, parent involvement, employment training and housing. Proceedings of the symposium, including the papers prepared for the event, should be available in November. ■

Secretary Riley helps a young student from Beach Tree Elementary School in Falls Church, Virginia, hone up on his reading skills.

Project Begin

Dr. Edward Brann
Centers for Disease Control and Prevention (CDC)

Children raised in environments with limited developmental stimulation and support are at increased risk for developmental delays. These delays, associated with socio-environmental factors, are largely preventable. Comprehensive, high-quality intervention programs, beginning in infancy and early childhood, have been shown in randomized, controlled trials to prevent these forms of developmental delays.

The Goal of Project BEGIN

The goal of this study is to provide quality scientific data for state and national policy makers and service providers for young children and their families in order to determine: 1) if a specific early intervention program model can be delivered in a real world setting; 2) the characteristics of children and families who benefit most from the intervention; and 3) the cost benefit of the intervention. The objective is to deliver a family-centered, community-based program of health and developmental services that is responsive to individual family needs. The study is designed to assess whether this program of services facilitates parent/child interaction; promotes child cognitive, communicative, socio-emotional and behavioral development; enhances family functioning; and affects long-term educational and social outcomes such as school performance, employment, dependency on social services, antisocial behavior, number of arrests and incarcerations, and family unity.

Study Design

Project BEGIN will be a multi-site, randomized controlled trial with three consecutive cohorts (i.e., annual start-up groups of new children) of eligible newborn infants. Each cohort will include approximately 150 children at each site, with an equal number randomized into each of the two study groups: Intervention (INT) and Comparison (COMP). Process, outcome, and cost data will be collected. The primary inclusion criterion for Project BEGIN is low maternal education, operationally defined as less than 12 completed grades of school at the time of delivery.

Core Intervention Components

A three-year comprehensive early education program starting at birth is proposed. The model will emphasize parent/child interaction, service coordination, and responsiveness to the needs and goals of each family. An array of curriculum materials will be utilized, and training for staff will be comprehensive. The intervention goals are to facilitate parent/child interaction, promote child development, and enhance family functioning.

Three core intervention components will be provided to children in the INT group: home visits, attendance at a child development center, and parent groups. Home visits will be weekly during the first 12 months. From 12–36 months, the number of visits will be reduced to two per month. Children will be enrolled in full-day child development centers from 12 to 36 months of age. Parent groups will be held once every two to three months at a minimum. All three components will emphasize the importance of the parent-child relationship and will facilitate parent-professional collaboration and partnerships. Project BEGIN will provide guidelines to the sites to facilitate cultural sensitivity of the project and the intervention staff so as to optimize the benefit to all study children and their families.

Health and Social Service Coordination

CDC will recommend a basic health care plan for all children and families in the study, including a medical home, as defined by the American Academy of Pediatrics standards, and EPSDT services. All study children (INT and COMP) will be referred to existing community health and social services for which they are eligible.

Outcome Variables

The major outcome variables for Project BEGIN relate to parent/child interaction, the developmental status of the child, and family functioning. Several domains corresponding to the objectives of the intervention will be assessed. Outcome assessments will be conducted at 6, 12, 24, and 36 months of age. Project BEGIN will follow study children into their mid-20s in order to assess the long-term educational and social outcomes. ■

"In every child who is born, under no matter what circumstances, and of no matter what parents, the potentiality of the human race is born again."

James Agee

Members of the Early Childhood Research Working Group

The Early Childhood Research Working Group continues to add to its membership.

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Colien Hefferan
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